

2654
IFW

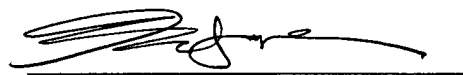
PATENT
Attorney Docket No. HES-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Kennedy *et al.*
SERIAL NUMBER: 09/833,097 ART UNIT: 2654
FILING DATE: August 10, 2001 EXAMINER: Not yet assigned
TITLE: Claim Processing

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any documents referred to as enclosed herein, are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 13th day of February, 2006.

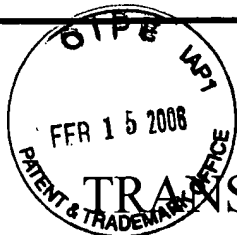

Lea R. Jayme

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

1. Transmittal Form (1 page);
2. Executed Power of Attorney by Assignee/Revocation of Prior Powers (1 page); and
3. Return receipt postcard.



TRANSMITTAL FORM

Application Serial Number	09/833,097
Filing Date	August 10, 2001
First Named Inventor	Kennedy
Group Art Unit	2654
Examiner Name	Not yet assigned
Attorney Docket No.	HES-001
Patent No.	Not applicable
Issue Date	Not applicable

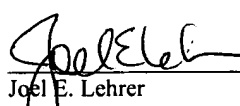
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Change of Correspondence Address
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Goodwin Procter LLP
Exchange Place
Boston, MA 02109
Tel. No.: (617) 570-1000
Fax No.: (617) 523-1231
Customer No. 051414

SIGNATURE BLOCK

Respectfully submitted,

Joel E. Lehrer
Attorney for Applicant
Goodwin Procter LLP
Exchange Place
Boston, MA 02109

Date: February 13, 2006
Reg. No. 56,401
Tel. No.: (617) 570-1057
Fax No.: (617) 523-1231



PATENT
Attorney Docket No. HES-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTORS: Kennedy et al. ASSIGNEE: HealthEdge Inc.
SERIAL NO.: 09/833,097 FILED: 10-Apr-2001
TITLE: Claim Processing

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST
REVOCATION OF PRIOR POWERS AND NEW POWER OF ATTORNEY

Sir:

As an authorized representative of the assignee of record of the entire right, title, and interest in the above-identified patent application, I hereby revoke all powers of attorney previously given and hereby appoint the registered patent practitioners associated with Customer Number 051414 to prosecute and transact all business in the U.S. Patent and Trademark Office connected therewith.

Please direct all correspondence for the above-identified patent application to the address associated with the above Customer Number.

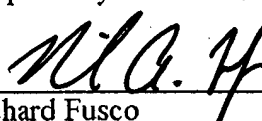
The assignee of record of the entire right, title, and interest in the above-identified patent application is HealthEdge Inc., by virtue of the chain of title from the inventors of the above-identified patent application to the current assignee, as shown below.

From Kennedy et al. to DENOVIS INC., recorded in the U.S. Patent and Trademark Office on February 4, 2002, at Reel No. 012588, Frame No. 0708; and

From DENOVIS to HEALTHEDGE INC., recorded in the U.S. Patent and Trademark Office on January 13, 2005, at Reel No. 015564, Frame No. 0223.

Respectfully submitted,

Dated: February 8, 2006



Richard Fusco
Treasurer
HealthEdge Software, Inc.
245 Winter Street Suite 230
Waltham, MA 02451